

CLINICAL ISSUES IN INTENSIVE OUTPATIENT TREATMENT FOR SUBSTANCE USE DISORDERS

Intensive outpatient (IOP) programs for substance use disorders (SUDs) offer services to clients seeking primary treatment; step-down care from inpatient, residential, and withdrawal management settings; or step-up treatment from individual or group outpatient treatment. IOP treatment includes a prearranged schedule of core services (e.g., individual counseling, group therapy, family psychoeducation, and case management [CM]) for a minimum of 9 hours per week for adults or 6 hours per week for adolescents (Mee-Lee et al., 2013).

To help clients fulfill their individualized treatment plan goals, IOP services may incorporate other in-house treatment and peer services, encourage clients' attendance at mutual-support groups, and collaborate with local community providers to secure needed services (e.g., medication-assisted treatment, psychological assessments, vocational rehabilitation services, and trauma-specific treatment).

This *Advisory*, based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Treatment Improvement Protocol \(TIP\) 47, Substance Abuse: Clinical Issues in Intensive Outpatient Treatment](#), provides an overview of IOP treatment; program goals; key features that improve engagement, retention, and outcomes; and resources.

Key Messages

- IOP outcomes are comparable to those seen with residential services for clients with minimal risk of acute intoxication/withdrawal, health conditions, and psychological symptoms.
- IOP programs provide clients with local comprehensive SUD treatment services and access to other social services in the community, thereby establishing and building a recovery network that can extend beyond treatment.
- Key IOP program features improve treatment engagement, retention, and outcomes, including shared decision making, mutual-support and recovery activities, CM, and vocational support.
- IOP treatment is most effective if it is part of a continuum of care.

Advantages of IOP Treatment

The 2019 National Survey of Substance Abuse Treatment Services reports that 46 percent of SUD treatment facilities offer IOP treatment (SAMHSA, 2020d). IOP programs offer advantages over residential settings and standard outpatient services through:

- **Flexibility in treatment delivery.** Because IOP programs offer day, evening, and weekend programming, clients can maintain responsibilities outside of treatment, including work, caregiving, parenting, and education.
- **Less restrictive comprehensive treatment.** IOP programs offer more intensive services than traditional outpatient, while avoiding the restrictions of residential treatment. IOP treatment provides services over a longer period than most residential treatment. IOP services are local, making them less disruptive for clients to manage day-to-day responsibilities.
- **Continuity of care and support.** Clients engaged in IOP treatment often use local community services and mutual-support groups outside the program. After completion of IOP treatment, these support networks and services remain intact (Kim et al., 2015), easing clients' transition into the next phase of recovery. Transitions from residential to outpatient treatment often require time to create or reestablish a network of services and support.
- **Real-time skills training.** IOP programs provide opportunities to practice recovery skills in real time. Because treatment occurs locally, clients can apply newly acquired skills with family and friends, and in other circumstances while still engaged in treatment. By practicing these recovery strategies, clients can build self-confidence—a key attribute in making behavioral changes (Romano & Peters, 2016).

IOP programs are just as effective as inpatient and residential programs for most individuals who have a lower risk of withdrawal and less symptom severity, and who do not require a 24-hour structured setting. Studies have collectively shown that IOP programs improve abstinence rates, reduce SUD symptom severity, and decrease frequency of substance use (McCarty et al., 2014; Schmidt et al., 2017). In a national study evaluating veterans with SUDs, individuals who attended IOP treatment after medically managed withdrawal were more likely to engage in and utilize services, including those within the community, and had lower 2-year mortality rates (Schmidt et al., 2017).

IOP Services: An Overview

IOP placement criteria

IOP treatment involves comprehensive outpatient services that meet the needs of those with substance use and co-occurring disorders. A comprehensive, multidimensional assessment of presenting problems, treatment goals, and recovery needs guides the level-of-care determination. Clients suitable for the IOP level of care are characterized by the following (Mee-Lee et al., 2013):

- There is little risk of acute intoxication or withdrawal.
- Physical health conditions are manageable and will not distract from treatment participation.
- Emotional, behavioral, and cognitive conditions are mild or treatable on an outpatient level, but may have the potential to distract from treatment and recovery and therefore require monitoring.
- Readiness to change fluctuates, highlighting the need for engagement in a structured treatment environment several times a week.

- There is a greater probability of continued use, problems, and relapse without support and monitoring throughout the week.
- Current environment is not supportive, but added support and structure from an IOP program enables coping.

If clients are appropriately placed in IOP treatment, treatment outcomes are comparable to inpatient treatment, but at nearly half the cost (Magura et al., 2003).

IOP treatment goals

In addition to individualized treatment goals that reflect the client's strengths, recovery challenges, and presenting problems, IOP services characteristically focus on the following objectives:

- Educating clients about SUDs, patterns and consequences of use, relapse risks, the treatment process, and types of mutual-support groups
- Providing early recovery, coping, and relapse prevention skills
- Building recovery supports, including the use of peer support services and mutual-support groups
- Addressing obstacles to engaging in treatment and maintaining recovery
- Providing physical and psychological symptom management by monitoring and addressing the symptoms or referring the client, as indicated
- Engaging families, as defined by the client, and providing education on SUDs, patterns and consequences of use, family dynamics, and treatment and recovery processes
- Providing emotional support and enhancing motivation
- Attending to other health and psychosocial needs, including housing, vocational, financial assistance, and other medical and dental needs

IOP services

SUD IOP programs provide a range of services, schedules, hours, and lengths of care. IOP treatment requirements vary across states and health plans, but generally involve a minimum of 9 hours of client services each week at local facilities. Online synchronous IOP programming and telehealth appointments have steadily evolved to bolster existing services and meet the needs of individuals living in rural regions. Recently, many IOP programs have transitioned to telehealth models of service delivery in response to the COVID-19 public health emergency (Centers for Medicare & Medicaid Services & SAMHSA, 2020).

According to the 2017 Treatment Episode Data Set on IOP program discharges, the median length of stay for those ages 18 years and older who complete treatment is 81 days (SAMHSA, 2019).

Individual counseling. Individual counseling typically occurs once a week or as needed. Sessions focus on addressing problems that need more attention or issues that clients are reluctant to raise in group format. Individual counseling services provide an opportunity to check in with clients to address their concerns in the program, provide additional support, and further enhance readiness for change and motivation to support recovery.

Case management. CM services involve a collaboration between the client and case manager to determine and coordinate access to the most suitable services for supporting the client (e.g., medical, SUD treatment, behavioral health, and social services; Commission for Case Manager Certification, 2020). Though each IOP program may define CM roles and tasks differently, here are several core CM responsibilities:

- Assessing and developing individualized plans with clients
- Coordinating and referring clients to the most appropriate services in house or within the community
- Monitoring clients' follow-through with services and support systems, as well as their outcomes
- Advocating for clients within treatment and with community agencies to establish and arrange needed services (e.g., housing, primary care services, financial assistance, vocational services)
- Promoting and establishing continuity of services when clients transition from one service to another to avoid service gaps

Case management in SUD treatment improves clients' follow-through with treatment tasks and retention in services, and subsequently improves treatment outcomes (Rapp et al., 2014; Vanderplasschen et al., 2019).

Group counseling and activities. IOP programs use group counseling and activities as the primary treatment modality. Group sessions are divided among psychoeducation, skill sessions, or process groups. Some programs offer group psychoeducation for families or multifamily group therapy. For more information, see the TIP 41 *Advisory*, Group Therapy in Substance Use Treatment (SAMHSA, 2020b). A sample of psychoeducational and skill-oriented groups is as follows:

- Early recovery skills
- Readiness, stages of change, and motivation
- Living with chronic conditions
- Family dynamics of addiction
- Relapse prevention
- 12-Step facilitation
- Mindfulness-based relapse prevention
- Assertiveness and refusal skills
- Consequences of addiction: physical, emotional, and cognitive
- Problem-solving skills
- Cognitive skills and analysis of behavioral patterns

24-hour crisis services. IOP programs have crisis intervention policies and procedures to address emergencies outside of program hours (e.g., suicidality, psychological distress, relapse risks, safety issues). Clients with SUD may face unique challenges such as receiving treatment while still negotiating responsibilities, relationships, and living and/or working in environments associated with their substance misuse.

An Example of an Off-Hour Client Communication

A 34-year-old female attended an IOP group evening session, then returned home to find her spouse drinking heavily. She called her IOP program to report that her husband was drinking, became agitated, and yelled, "You ruined our relationship. Why don't you drink? If I don't have a problem, you sure don't. I even bought your favorite beer. You act like you are better than me." She left the house not knowing what to do. She did not feel physically threatened but was afraid that she would relapse. During the call, she reviewed her motivation for recovery, decided to stay overnight at her brother's home, and agreed to follow up with her case manager to evaluate the appropriateness of family counseling.

Crisis interventions are cost-effective, help prevent hospitalizations, and ensure the use of the least restrictive treatment options (SAMHSA, 2014). IOP programs and other behavioral health care providers have promoted the use of “warm lines” after hours for those not in acute crisis but in need of support to prevent relapse or to deescalate a stressful circumstance. Warm lines, staffed by peer recovery workers, provide support, resources, follow-up, and weekly check-ins, as needed.

Family services. Addressing family issues helps to secure a healthier recovery environment. IOP services offer family psychoeducational groups and family counseling. Family session goals include educating family members about SUDs and treatment, addressing family dynamics to reinforce a supportive recovery environment, and assisting family members in committing to their own wellness.

Other services. IOP programs may offer other services in house or through coordinated referrals such as:

- Medication-assisted treatment.
- Alcohol and drug monitoring.
- Psychological or psychiatric assessments and services.
- Peer services.
- Licensed childcare services.
- Transportation.
- Wellness programs (e.g., yoga and nutrition).
- Medical services.
- Vocational or educational services.
- Co-occurring enhanced groups.

Sample IOP Program				
Evenings	Monday	Tuesday	Wednesday	Thursday
5:30–7:00	Check-In and Process Group	Multifamily Education Sessions (clients and family members attend)	Early Recovery Skill and Practice Group	Psychoeducation: Substances, Consequences, and Recovery
Break: 7:00–7:15				
7:15–8:45	12-Step Facilitation Group and Peer Support Service Orientation and Check-In		Motivational Cognitive–Behavioral Group	Mindfulness-Based Relapse Prevention and Weekend Planning
Assessments, individual and family counseling, and CM sessions are by appointment on Tuesday evenings and 8:00 a.m. to 5:30 p.m. during the week.				

IOP Settings and Populations

IOP programs differ in location, services, and programming. For example, there are hospital-based programs to which clients are referred after withdrawal management and community-based programs used as step-down services after SUD residential treatment. Co-occurring enhanced IOP programs offer access to psychiatric services and specific programming to address co-occurring mental disorders (e.g., depression and post-traumatic stress disorder). IOP programs may specifically serve those who are receiving medications for opioid use disorder, women who are pregnant, veterans, and specific age groups (e.g., adolescents, young adults, older individuals).

SUD IOP programs may provide services to those mandated to treatment by the criminal justice system (e.g., for driving while intoxicated). Programs may also serve individuals transitioning from incarceration back to their community or those who agree to attend IOP treatment in lieu of serving out their remaining sentence. One study evaluating IOP treatment retention among court-mandated clients demonstrated that those who were court ordered to IOP programs were more than 10 times more likely to complete treatment than those who attended voluntarily (Coviello et al., 2013).

Engagement, Retention, and Outcomes in IOP Treatment

Although IOP programs are a common modality in SUD treatment, IOP-specific research is limited, especially in the last 20 years. Only a few studies examine individual factors that enhance client engagement, retention, and outcomes in outpatient settings (Bourion-Bédès et al., 2020; Brorson et al., 2013). For example:

- Program satisfaction may lead to greater investment in treatment, continuing care, and recovery. Eliciting clients' feedback throughout treatment may improve outcomes by alerting providers of dissatisfaction and the need for treatment plan modifications (Kuusisto & Lintonen, 2020; Royer et al., 2019). Research demonstrates that greater client satisfaction with treatment leads to higher retention rates in outpatient services at 3 months (Bourion-Bédès et al., 2020).
- IOP programs that educate and reinforce the use of mutual-support and recovery activities may improve client outcomes. In a multisite study across treatment modalities, clients who engaged in treatment and participated in mutual-support groups had less substance misuse (Humphreys et al., 2020).
- IOP programs should not be the sole approach for any client; instead, they need to be one step along a continuum of care. Moving from more to less intensive treatment on the continuum of care improves client outcomes in general (McCarty et al., 2014). Clients' level of functioning, recovery resources and supports, and relapse risk factors should guide overall planning and next steps immediately after IOP treatment completion (Blodgett et al., 2014; Mee-Lee et al., 2013).
- Clients who experience improvements in employment status during treatment (e.g., decreased absenteeism, new full-time employment, or increased length of employment) are more likely to complete treatment and remain abstinent. IOP programs that focus on treatment goals specific to employment and incorporate vocational support and access to vocational services may improve long-term recovery outcomes (Sahker et al., 2019). For more information, see the TIP 38 *Advisory*, Integrating Vocational Services Into Substance Use Disorder Treatment (SAMHSA, 2020c).
- Clients' preferences and involvement in decision making regarding treatment options are significant ingredients in improving treatment engagement and outcomes. Studies demonstrate that clients who were involved in shared decision making, were able to choose a treatment modality, or received their preferred treatment had greater treatment satisfaction, higher retention and completion rates, and better outcomes (Lindhiem et al., 2014; McKay et al., 2015).

SAMHSA 42 CFR Part 2 Revised Rule

SAMHSA's 42 CFR Part 2 regulations were revised to improve coordination of care in response to the opioid epidemic, while maintaining confidentiality protections of SUD client records (U.S. Department of Health and Human Services, 2020). Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 programs (federally assisted programs) or other lawful holders can disclose these records (SAMHSA, 2020a).

[Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule](#) provides information on what has changed and why it changed

[SAMHSA's Substance Abuse Confidentiality Regulations](#) webpage includes two fact sheets: "Does Part 2 Apply to Me?" and "How Do I Exchange Part 2 Data?" and FAQs

[SAMHSA's COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance](#)

Resources

- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
 - [Client's Handbook: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders](#)
 - [Counselor's Family Education Manual: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders](#)
 - [Counselor's Treatment Manual: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders](#)
 - [TIP 46. Substance Abuse: Administrative Issues in Outpatient Treatment](#)
 - [TIP 47. Substance Abuse: Clinical Issues in Intensive Outpatient Treatment](#)
 - [Using Matrix With Women Clients: A Supplement to the Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders](#)
- [Association for Behavioral Healthcare. Massachusetts Standardized Documentation Project. Intensive Outpatient Program: Substance Abuse, core forms with corresponding manuals](#)

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